MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.	FILING DATE
10/552658	

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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TOTAL IND.		⬇		⬇		⬇
TOTAL DEP	9	⬅		⬅		⬅
TOTAL CLAIMS	10					

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
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TOTAL IND.		⬇		⬇		⬇
TOTAL DEP		⬅		⬅		⬅
TOTAL CLAIMS						